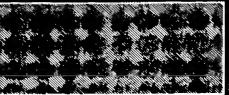
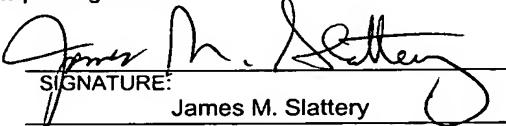
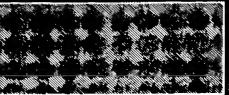
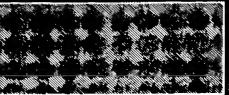


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| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>  |   | ATTORNEY'S DOCKET NUMBER<br>2830-0187PUS1                           |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP03/09222  | INTERNATIONAL FILING DATE<br>22 July 2003 | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>104522063</b> |
| TITLE OF INVENTION      RANKINE CYCLE SYSTEM   |   |   |
| APPLICANT(S) FOR DO/EO/US      Akihisa SATO; Shigeru IBARAKI   |   |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |   |   |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))           <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ul> </p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).           <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ul> </p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ul> </p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</p> |   |   |
| Items 11 to 20 below concern document(s) or information included:  |   |   |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: PCT/ISA/210; Drawings - Twenty-Five (25) Sheets</p>   |   |   |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)   |                             | INTERNATIONAL APPLICATION NO.<br>PCT/JP03/09222                                       |               | ATTORNEY'S DOCKET NUMBER<br>2830-0187PUS1 |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
|---|-----------------------------|---|---------------|---|--|-------------------------------------|-----------------------------|----------|---------------|-----------------|-------------------------------------|--------------------------|----------|-----------|--|-------------------------------------|---------------------|----------|-----------|--|--|--|--|-------------|--|--------------|--------------|---|------|------------|-------|--|------------|--------|--------------|--------------|------|--------------|----------|--|-----------|--------------------|---------|--|---------|---|--|---|----|--------------------------------------|--|--|-------------|-------------------|--|-------------|--|--|--------|-----------------------------|--|-------------|---|--|------|------------------------------|--|-------------|------------------------|--|---|-----------------------|--|---|
| <p>21. The following fees are submitted:</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>a) Basic national fee .....</td> <td>\$300.00</td> <td>Applicant Use</td> <td>Office Use Only</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>b) Examination fee .....</td> <td>\$200.00</td> <td>\$ 200.00</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>c) Search fee .....</td> <td>\$500.00</td> <td>\$ 500.00</td> <td></td> </tr> <tr> <td colspan="3"><b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b></td> <td>\$ 1,000.00</td> <td></td> </tr> </table> <p><input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.</p> <table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra sheets</th> <th>Number of each additional 50 or fraction thereof (round up to a whole number)</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>42 - 100 =</td> <td>/50 =</td> <td></td> <td>x \$250.00</td> </tr> </tbody> </table> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).</p> <table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>1 - 20 =</td> <td></td> <td>x \$ 0.00</td> </tr> <tr> <td>Independent claims</td> <td>1 - 3 =</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td>+</td> <td>\$</td> </tr> <tr> <td colspan="3"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$ 1,130.00</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.</p> <table border="1"> <thead> <tr> <th colspan="2"><b>SUBTOTAL =</b></th> <th>\$ 1,130.00</th> </tr> </thead> <tbody> <tr> <td colspan="2">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).</td> <td>+ \$ .</td> </tr> <tr> <td colspan="2"><b>TOTAL NATIONAL FEE =</b></td> <td>\$ 1,130.00</td> </tr> <tr> <td colspan="2">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</td> <td>+ \$</td> </tr> <tr> <td colspan="2"><b>TOTAL FEES ENCLOSED =</b></td> <td>\$ 1,130.00</td> </tr> <tr> <td colspan="2">Amount to be refunded:</td> <td></td> </tr> <tr> <td colspan="2">Amount to be charged:</td> <td></td> </tr> </tbody> </table> <p>a. <input checked="" type="checkbox"/> A check in the amount of \$ 1,130.00 to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-2448. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status.</b></p> <p>SEND ALL CORRESPONDENCE TO:</p> <p><br/>   SIGNATURE:<br/>   James M. Slattery<br/>   NAME</p> <p>CUSTOMER NUMBER: 02292</p> <p>January 21, 2005 <span style="float: right;">28,380</span><br/>   /clb <span style="float: right;">REGISTRATION NUMBER</span></p> |                             |   |               |   |  | <input checked="" type="checkbox"/> | a) Basic national fee ..... | \$300.00 | Applicant Use | Office Use Only | <input checked="" type="checkbox"/> | b) Examination fee ..... | \$200.00 | \$ 200.00 |  | <input checked="" type="checkbox"/> | c) Search fee ..... | \$500.00 | \$ 500.00 |  | <b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b> |  |  | \$ 1,000.00 |  | Total Sheets | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE | 42 - 100 = | /50 = |  | x \$250.00 | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total claims | 1 - 20 = |  | x \$ 0.00 | Independent claims | 1 - 3 = |  | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(s) (if applicable) |  | + | \$ | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  | \$ 1,130.00 | <b>SUBTOTAL =</b> |  | \$ 1,130.00 | Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). |  | + \$ . | <b>TOTAL NATIONAL FEE =</b> |  | \$ 1,130.00 | Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property |  | + \$ | <b>TOTAL FEES ENCLOSED =</b> |  | \$ 1,130.00 | Amount to be refunded: |  |  | Amount to be charged: |  |  |
| <input checked="" type="checkbox"/>   | a) Basic national fee ..... | \$300.00  | Applicant Use | Office Use Only                           |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| <input checked="" type="checkbox"/>   | b) Examination fee .....    | \$200.00  | \$ 200.00     |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| <input checked="" type="checkbox"/>   | c) Search fee .....         | \$500.00  | \$ 500.00     |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| <b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b>  |                             |   | \$ 1,000.00   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| Total Sheets  | Extra sheets                | Number of each additional 50 or fraction thereof (round up to a whole number)         | RATE          |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| 42 - 100 =  | /50 =                       |   | x \$250.00    |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| CLAIMS  | NUMBER FILED                | NUMBER EXTRA  | RATE          |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| Total claims  | 1 - 20 =                    |   | x \$ 0.00     |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| Independent claims  | 1 - 3 =                     |   | \$ 0.00       |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)   |                             | +   | \$            |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |                             |   | \$ 1,130.00   |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| <b>SUBTOTAL =</b>   |                             | \$ 1,130.00   |               |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).  |                             | + \$ .  |               |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| <b>TOTAL NATIONAL FEE =</b>   |                             | \$ 1,130.00   |               |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property   |                             | + \$  |               |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| <b>TOTAL FEES ENCLOSED =</b>  |                             | \$ 1,130.00   |               |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| Amount to be refunded:  |                             |  |               |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |
| Amount to be charged:   |                             |  |               |   |  |                                     |                             |          |               |                 |                                     |                          |          |           |  |                                     |                     |          |           |  |  |  |  |             |  |              |              |   |      |            |       |  |            |        |              |              |      |              |          |  |           |                    |         |  |         |   |  |   |    |                                      |  |  |             |                   |  |             |  |  |        |                             |  |             |   |  |      |                              |  |             |                        |  |   |                       |  |   |